- 	
PISOOC	15184
(Requestor's Name) (Address)	000273840980
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	06/15/1 50 1021010 **35.00
Certified Copies Certificates of Status	
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	ATRANSMITTAL LETTER
	TO: Amendment Section Division of Corporations
	SUBJECT: <u>Retail Therapy GIRIZ, INC</u> (Name of Corporation) DOCUMENT NUMBER: <u>P1300015184</u>
	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Andrea Whiti (Name of Person)
	Return Menny 6/R12/1/C (Name of Firm/Company)
	5950 34th Ave N (Address)
	St. Petersburg, F2 3371) (City/State and Zip Code)
	For further information concerning this matter, please call:
<i>م</i>	Andrea Font at (77,385-6519 (Name of Person) at (Area Code & Daytime Telephone Number)

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Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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<u>Street Address:</u> Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



15 JUN 15 PM 1:52

I, SONIA ANTUNES, hereby resign as President Merzpj GIRIZ Inc (Name of Corporation) Re . . 121 of 13000015184, a corporation organized under the laws of the State of (Document Number, if known) へん

Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314